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COUNTY BOROUGH OF WIGAN

Annual Report

OF THE

Principal School Medical Officer

FOR THE YEAR 1971

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J. HAWORTH HILDITCH
Medical Officer of Health and Principal School Medical Officer

COUNTY BOROUGH OF WIGAN

EDUCATION COMMITTEE

(Appointed May, 1971)

Chairman :
Councillor E. COWSER, J.P.

Vice-Chairman :
Councillor J. E. SMITH.

His Worship the Mayor (Councillor J. Harte, J.P.)

Aldermen: H. Dowling, J.P., E. Maloney, J.P., W. Somers, J.P., J. Taberner.

Councillors: Mrs. J. C. Barker, B.A. H. H. Barker, J. Bridge, J. T. Farrimond, W. C. P. France, L. R. Lowe, B. J. MacCarthy, Mrs. E. Naylor, Miss A. Peet, Mrs. M. Pratt, S. Townley, J. Whalley, J. E. Williams.

Other Members: Canon E. O. Beard, Miss Eliz. Bradburn, M.Ed., Miss E. Eckersley B.A., J.P., Miss E.. Hodson, M.B.E., J.P., Mr. G. Livesey, B.Sc., Mr. W. E. Pearson, Mrs. C. Rayner, J.P., Dr. E. C. Smith, B.Sc., Canon G. Walsh, Mr. H. C. Woods.

SCHOOLS SUB-COMMITTEE

(Appointed May, 1971)

Chairman :
Councillor J. E. SMITH.

Vice-Chairman :
Alderman H. Dowling, J.P.

His Worship the Mayor (Councillor J. Harte, J.P.)

Councillors: Mrs. J. C. Barker, B.A., J. Bridge, E. Cowser, J.P., W. C. P. France, B. J. MacCarthy, Mrs. E. Naylor, Miss A. Peet.

Other Members: Canon E. O. Beard, Mr. G. Livesey, B.Sc., Dr. Bradburn Canon G. Walsh, Mr. H. C. Woods.

SCHOOL MEDICAL STAFF

1971

Principal School Medical Officer :
J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H., F.R.S.H., M.F.C.M., M.B.I.M.

Deputy Principal School Medical Officer :
(Position Vacant)

School Medical Officers :
RODERICK McL. BAIN, M.B., Ch.B., D.P.H., M.F.C.M.
AILEEN F. HOWARTH, M.B., B.Ch.
AIDA H. ABDOU, M.B., B.Ch., L.M.SS.A., D.C.H.

Orthopaedic Surgeon :
EDWARD W. KNOWLES, M.Ch. (Orth.) F.R.C.S.(Ed.)

Consultant Child Psychiatrist :
MOIRA P. JONAS, M.B., Ch.B., D.P.M.

Educational Psychologist :
J. H. VALENTINE, M.Ed., D.E.G.(Man.)

Principal Dental Officer :
S. M. AALEN, L.D.S.

Dental Officers :
Mrs. L. J. COOK, B.D.S.
A. J. MOORHEAD, B.D.S.

Orthodontic Service :
L. F. LANGFORD, L.D.S., D.Orth., R.C.S., Eng.

Dental Anaesthetist :
ELIZABETH MACKENZIE-NEWTON, M.B., Ch.B., D.A.

Chiropody Service :
J. WOOD, M.Ch.S.

School Nurses :
E. GAVAGHAN, D. PEET, L. M. BOOCOCK A. BROWN, K. TAYLOR

Speech Therapist :
B. E. MOSTON (from 1.11.71)

Psychiatric Social Worker :
(Position Vacant)

Orthopaedic Nurse :
H. JORDAN

Clerk/Dental Attendants :
E. CHADWICK, M. D. PETERS, J. M. PROCTOR

Audiometrician :
J. DIGGLES

Clerks :
D. JONES, S. M. ROURKE

PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT FOR 1971

Community Health Office,
WIGAN.

May, 1972.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you the School Health Service Report for the year 1971.

Of major importance this year was the transfer under the Education (Handicapped Children) Act, 1970, of the Junior Training Centre to the administrative control of the Education Department, a transaction long foreshadowed which will, with the deletion of Section 57(4) of the Education Act, 1944, from the statute book, effectively remove the phrase "unfit for education in school" from official vocabularies. In future parental appeal against decisions of the Education Authority in respect of severely retarded children will be concerned only with the type of school offered and not as formerly against exclusion from any school. The benefit to the morale of the parents will be enormous, the benefit to the individual child who now finds himself in a special school instead of a junior training centre will depend as in the past on the quality of teaching and care which he receives. The improved status of the staff in the new order was long overdue and should help recruitment.

The routine and selective medical examinations of the school pupils have shown that the general standard of nutritional and physical well-being is of a high order. Indeed not one child was brought forward from these examinations as being in a generally unsatisfactory condition, although 28 per cent, fairly evenly distributed through the age range, were found to require some form of treatment. With the alteration in the regulations governing the supply of school milk many fears were put forward for the nutritional state of those children who were to be deprived of one-third of a pint of school milk. Arrangements were made for school medical officers to examine children thought by the teaching staff or by the parents to be at risk. A few such children have been seen and recommendations have been made. Perhaps the children who will miss the milk most are those who through their own disinclination to eat breakfast or their parents' neglect to provide it, come to school on an empty stomach.

The staffing situation, which was the subject of special comment last year, has improved to some extent. The post of Deputy School Medical Officer is still unfilled but we have managed to keep a full complement of school nurses and towards the end of the year a speech therapist was appointed, albeit only on a part-time basis.

The Special Care Unit at Hope School faces new problems in the future. The building and staff are coping with children whose need for meticulous and individual attention increases year by year as medical science ensures the survival of children with multiple handicaps. Clearly, if the authority is to maintain and improve the physical and mental condition of these children, we are going to require more custom-built accommodation, possibly with facilities for hydrotherapy and more urgently the appointment of a physiotherapist, initially on a part-time basis.

The facilities in the Borough for special education have improved greatly in recent years. Montrose Special School has been in operation since 1969 and provides a splendid service for children from the age of eight years. The work of the Educational Psychologist and the Child Psychiatrist has shown increasing need for special facilities to suit the maladjusted child whose condition is such that full residential care away from home is neither required nor acceptable. A start on such provision has been made with the special class at Pemberton Primary School but we look forward to the appointment of a special day school and possibly weekday boarding facilities for these children, particularly the older group, whose aberrant activities are so disruptive to other pupils.

The Child Guidance Clinic is lacking the services of a psychiatric social worker, who would be invaluable in trying to solve the many domestic and family problems associated with maladjustment.

The assessment of children for special education can often be a prolonged affair, necessitating daily observation by educational staff and repeated medico-psychological review. This process has been helped enormously by the establishment of the observation unit at Pemberton.

In this Authority, we have always paid special attention to vision and hearing, and the audiometry service has been greatly improved this year by the provision of a special soundproof room at Longshoot Health Centre and the acquisition of a more sophisticated audiometer. We are now able to help materially the E.N.T. Consultant at the Royal Albert Edward Infirmary by providing reliable audiograms for those children referred to him for special investigation or treatment.

Notifiable infectious diseases have not troubled us overmuch and it is worth noting that only 52 cases of measles were reported. To what extent this low figure is due to the vaccination programme or to the natural cycling of the disease is debatable, but the experience of the next two or three years will be interesting. We have taken the opportunity to revise the table of exclusion from school due to infectious diseases and they include some advice to young teachers who may have been in contact with Rubella. The revised table is printed as an appendix on page 33.

The most rewarding facet of health education is that which is provided in schools, either by specialist staff or by the teachers themselves. Our efforts, which are noted in the body of the report, include teaching in mothercraft with its strong accent on family life, dental health and oral hygiene — so important in this pre-fluoridation era — and the presentation of certain subjects to groups of teachers and other social workers in the form of symposia. This latter has been very well received and the Teachers' Centre at Warrington Lane makes an admirable venue.

The Principal School Dental Officer has reported fully on the school dental service and has drawn attention yet again to the difficult staffing problems which continue to limit the service. In so many cases we can only draw attention to the findings of dental inspection and hope that the necessary work will be done by other dentists working in the town.

I should like to place on record my appreciation of the high standard of work performed by the school medical and dental officers and the family doctors in the town. I would also like to thank the Chief Education Officer, his staff and the teaching staff of the schools, without whose co-operation our work could not be successfully carried out. Finally I acknowledge the help of the Chairman and Members of the Schools Sub-Committee, whose enthusiasm has been an inspiration throughout the year.

J. HAWORTH HILDITCH,
Principal School Medical Officer.

CO-ORDINATION

Liaison with the Hospital Services, the General Practitioner Service and other Local Authority Health Services is achieved in the following manner:—

The Principal School Medical Officer is also the Medical Officer of Health. All other full time Medical Officers hold joint appointments in the School Health Service and other health services. A seat on the Local Medical Committee of the Executive Council and on the Medical Advisory Committees of the Wigan and Leigh Hospital Management Committee and the Manchester Regional Hospital Board make for co-ordination of effort and good relations with the other branches of the National Health Service.

No effort has been spared to preserve and extend the good relationship which exists between the medical officers of the School Health Service and the family doctors in the town. The opening of Longshoot Health Centre has greatly facilitated liaison with the group practices working therein.

There is a close liaison between the Consultant Ophthalmologist and the school doctor responsible for refraction work, who, in fact, attends the Infirmary Eye Out-patient Department for a short session once a fortnight.

There is a full interchange of information between the Paediatrician, Orthopaedic surgeon, E.N.T. surgeon and the School Medical Officers regarding school children. This is invaluable and ensures that maximum information is available upon which to base decisions which might influence a child's future education and prospects in later life.

Problems concerning the arrangement for the co-ordination of Education, Health and Welfare Services for handicapped children and young people have been minimised in the past due to the Medical Officer of Health being in charge of a combined Health and Welfare Department as well as being responsible for the School Health Service as Prinicpal School Medical Officer.

The Director of Social Services assumed executive control of his Department in December, 1971. At the present time, the separation of the Social Services from the purely Health Services is becoming more distinct and it will be necessary to evolve effective means of co-ordination between the Social Services Department and the School Health Service.

In the past, joint case conferences have been held from time to time, when children of school age with multiple handicaps have been reviewed. These conferences have been attended by the Consultant Paediatrican, School Medical Officers, Senior Welfare Officer, Senior Mental Welfare Officer, School Welfare Officer and the Youth Employment Officer. In addition, the Children's Officer was invited if any child whose case was to be discussed was in the care of the local authority or was thought to be in need of the fringe services provided by the Children's Department. From time to time, representatives of voluntary organisations who might have helped with particular cases were invited to attend.

CLINICS

Central Clinic, Millgate, Wigan:—

Minor Ailments Clinic	Monday, Tuesday, Wednesday, Thursday and Friday mornings.
Ophthalmic Clinic	By appointment.
Chiropody Clinic	Monday morning.
Orthopaedic Clinic	Monday, Wednesday and Thursday, all day. Orthopaedic Consultant attends second Thursday in the month.
Dental Clinic	Monday, Tuesday, Wednesday, Thursday and Friday, all day.

Pemberton Health Centre, Sherwood Drive, Pemberton:—

Minor Ailments Clinic	Tuesday and Friday mornings.
Dental Clinic	Monday, Wednesday, Thursday and Friday mornings.
Child Guidance Clinic	Friday mornings by appointment.

SCHOOL ACCOMMODATION AND HYGIENE

Number of Schools and Children

Primary Schools

	No.	Departments	No. on Registers	Average attendance
County Schools	7	10	2673	2492
Voluntary Schools	21	29	5782	5356
	28	39	8455	7848

Secondary Modern Schools

	No.	Departments	No. on Registers	Average attendance
County Schools	3	5	1221	1109
Voluntary Schools	2	3	1223	1115
	5	8	2444	2224

Special School

	No. on Register	Average attendance
Montrose School	108	97
Hope School	44	38
	152	135

Secondary Grammar Schools

The Grammar School has 672 boys and the High School 666 girls on their respective registers.

The Deanery High School is the one comprehensive school in the Borough, with 1,208 pupils on the register.

The Notre Dame High School is the one direct-grant Secondary Grammar School in the town.

FINDINGS OF MEDICAL INSPECTION

The periodic medical inspection of three age groups continued throughout the year in the majority of schools. The selective medical examination procedure continued in five schools. In these schools children are examined in their first year at school and thereafter until they are examined as school leavers the children are referred for examination when this is considered necessary by the head teacher, class teacher, school nurse or parent. In each system the vision of children is tested annually.

The selective system of medical examination does not find unqualified approval in the department. It does not appreciably save medical time, incorrect information contained in the questionnaires completed by parents often leads to unnecessary investigation, whilst conversely the medical staff are far from confident that children who are not put forward for examination are in fact free from defects.

The numbers of children inspected and found to require treatment (excluding uncleanliness and dental diseases) were as follows:—

Year of Birth	Number Inspected	Found to require treatment	Percentage
1967 and later	94	16	17·02
1966	891	271	30·41
1965	450	148	32·88
1964	68	21	30·88
1963	31	11	35·48
1962	32	12	37·50
1961	359	131	36·49
1960	484	142	29·34
1959	96	38	38·95
1958	239	46	19·24
1957	611	130	21·27
1956 and earlier	501	143	28·54
Total	3856	1109	28·76

The general physical condition of the pupils seen at medical inspection is assessed in two broad categories and it will be seen from Table I (page 26) that over the whole age range the condition of 100% of the pupils was satisfactory.

Ear, Nose and Throat Defects

Ear Diseases and Defective Hearing.—Routine medical examinations showed that 64 children suffered from ear discharges and 201 from other ear complaints. Individual children were tested by the pure tone audiometer technique by the School Medical Officers. Cases requiring more intensive investigation were sent to the Manchester University Department of Audiology.

Audiometry.—Audiometric testing of school children is carried out both in schools and on clinic premises by a specially trained clerk. A sound-proof room at the new purpose-built Longshoot Health Centre, which was officially opened in June 1971, has resulted in a greater degree of accuracy in the recording of audiograms. This success has been reflected in a reduction in the numbers of children being referred for further examination.

Any child with an unsatisfactory result is referred to one of the school Medical Officers for further investigation. Of the 2,805 children tested during the year, 324 were submitted for further examination.

Details of results of hearing tests are as follows :

Examinations—

By sweep tests in school		2104
By Audiograms : school	129	
clinic	572	701
		2805

Audiograms—

Failed sweep test	321
Requests from general practitioners, school medical officers and health visitors and periodical re-checks	380
	701

Failed Audiogram test—

Treated by school medical officers	17
Treated by school medical officers and needing further treatment	61
Seen by school medical officers and referred to E.N.T. consultant	19
Treated by own general practitioner	98
Due for re-checks	21
To be seen at school medical examination	63
Already receiving treatment	40
Others	5
	324

Tonsils and Adenoids.—Routine medical examinations revealed that 80 children required treatment and that 145 should be kept under observation; operative treatment was received by 59 children during the year (see p.28, Table IIIB).

The opportunity was taken at the routine medical inspection to obtain an indication of the number of children in the school population who had received operative treatment for tonsils and adenoids and the following results were recorded :

Year of Birth	Number Inspected	Found to have received treatment	Percentage
1967 and later	94	—	—
1966	891	10	1·12
1965	450	20	4·44
1964	68	3	4·41
1963	31	2	6·45
1962	32	1	3·12
1961	359	64	17·82
1960	484	77	15·90
1959	96	8	8·33
1958	239	41	17·15
1957	611	93	15·22
1956 and earlier	501	82	16·36
Total	3856	401	10·39

Eye Diseases — Visual Defects

Eye Diseases.—The number of children suffering from external eye diseases, mainly conjunctivitis and blepharitis, decreased from 47 in 1970, to 38 in 1971, but cases of defective vision and squint rose from 863 in 1970 to 1,018 in 1971, of which 430 required treatment; the remainder were kept under observation. Details of cases examined and the numbers for whom glasses were prescribed are shown on page 29 (Table IIIA).

Skin Diseases

139 cases of skin disease were traced during routine medical inspections.

Orthopaedic Defects

Routine medical inspections revealed 252 cases of orthopaedic defects of which 158 were referred to the Orthopaedic Clinic for treatment and 94 were placed under observation. Details of attendances at the Orthopaedic Clinic are given on page 30 (Table IIIC).

HEALTH EDUCATION IN SCHOOLS

Health Education continued in the schools in its various forms during the year. Help and advice was given to teachers regarding choice of films and other forms of Health Education material, both by the Health Education Officer and specialist members of the Department.

Health Visitors continued to play their role as Health Educators. The teaching of mothercraft was continued in the senior schools in the form of a series of lectures given by Health Visitors. The lectures are completed by a written and oral examination, the papers being set by an outside body, The National Association for Maternal and Child Welfare. The written examination is supervised by the teachers, the oral examination being carried out by the Superintendent Health Visitor and the Senior Health Visitor. Dependent upon the success or otherwise of the student she is presented with a Certificate.

Dental Education was the main theme in the primary and junior schools. Dental hygiene sets were issued free to all new entrants and once again this proved to be a popular practice. The town was visited during the year by Pierre Picton — otherwise known as Pierre the Clown — who is sponsored by the General Dental Council. He spent a week in Wigan and visited 41 infant and junior schools. A short clowning act was performed with the emphasis on dental health and hygiene. As in previous years, children were invited along to the Sherwood Drive Health Centre and were allowed to investigate the dental equipment, including the dental air chair. It is hoped that this pleasant first introduction to a dentist will help to allay the fears many children have on their first proper visit.

A significant development in the field of Health Education was the commencement of one-day conferences held at the Teachers' Training Centre. A multi-disciplinary delegacy, including representatives of the medical, nursing, social work and teaching professions heard specialist talks in the morning, followed by discussion and the promotion of ideas in the afternoon. It is difficult at this stage to assess the effectiveness of this form of health education but the popularity of the conferences cannot be doubted, and more have been arranged for 1972.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

During the year, 20 applications received from children were investigated by the Medical Officers in Department and licences to all applicants were subsequently granted.

A group of children from one of the junior schools were invited to appear on a popular children's television programme and as a result 37 licences were granted under the Child (Performances) Regulations, 1968.

COLLEGE ENTRANTS

Medical examinations were carried out on 83 training college candidates during the year.

SUPERANNUATION

Two teachers were medically examined for Superannuation purposes.

MEDICAL EXAMINATION FOR SCHOOL MEALS SERVICE

Medical examinations were carried out on 16 applicants for full-time employment in the School Meals Service.

ARRANGEMENTS FOR TREATMENT

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for pupils for whom the Authority accepts responsibility included the following:—

The Minor Ailment Clinic as its name implies deals with the trivial afflictions that beset us all, the sort of conditions that with advice and the use of near household remedies, can usually be prevented from worsening. It does not place itself in the position of the general medical practitioner, but acts as a screening process of referral to him. It still has an important though diminishing role to fulfil.

It obviates the need of school children to wait in the crowded anterooms of the family doctor's surgery — an experience not in the least edifying and if often repeated must lay the foundation of hyperchondria. It provides, for those parents who seek it, a place for unhurried consultation with nurse or doctor concerning the physical and emotional well being of their child.

The school clinics at Millgate and Pemberton were open daily and two days a week respectively throughout the year for the treatment of minor ailments and the execution of special examinations.

During the year, 2085 attendances were made at the 251 sessions at the Central Clinic and 1501 attendances at the 80 sessions at the Pemberton Clinic.

The numbers of children attending Minor Ailments Clinics and the number of attendances during the past three years were as follows :

	1969	1970	1971
No. of children attending	1,571	1,589	1,018
No. of attendances	4,212	4,352	3,586
Average No. of attendances per child	2·7	2·7	3·5

Special examinations of children referred by school nurses, teachers, parents and school welfare officers were carried out at the School Clinics by the School Medical Officers in addition to the treatment of minor ailments.

The School Nurses and Clinic Attendant cleansed the heads of children referred to the Clinic for this purpose.

Details of minor ailments treated are given on page 31 (Table IV).

Treatment of Visual Defects.—Routine refraction work is performed by a School Medical Officer and all children who are known to have visual defects are re-examined annually; **every** child has an annual vision check by a school nurse.

The staff of the Royal Albert Edward Infirmary ophthalmic unit have been most helpful and their co-operation is greatly appreciated.

Orthoptic Service.—The number of school children referred to the Wigan Infirmary for orthoptic exercises increased from 27 in 1970 to 32 in 1971.

Uncleanliness.—Arrangements for head inspection continued as in previous years and details are shown on page 30 (Table V).

The total number of first examinations of children was 12,208, and of these, 564 (4·62%) had pediculosis of the head (i.e. lice or nits present): the final inspection showed the number had been reduced to 340 (2·78%).

In school the close contact children have with each other, or the wearing of infested headgear make for an easy spread of the head louse. Even after disinfestation a child may become re-infested from other members of his own family or even from nits present in his own cap.

There were 17 cases of scabies during 1971, two fewer than in the previous year. The greatest difficulties arise where parents of affected children refuse to seek treatment for themselves. This often results in the re-infestation of the children concerned and prevents that particular source of infestation from being cleared.

Orthopaedic Service.—As in previous years the Orthopaedic scheme organised in conjunction with Lancashire County Council continued to work well. The Surgeon attended one session a month and the Orthopaedic Nurse six sessions a week.

During the year 91 Borough and 43 County schoolchildren were seen by the Orthopaedic Surgeon and 242 patients made 710 attendances for remedial treatment. Six children were referred to Wigan Infirmary for surgical treatment, all with successful results.

Tuberculosis.—No children were referred directly from the School Clinic for opinion to the Chest Clinic.

The Regional Hospital Board is responsible for making arrangements for treatment and the School Health Service is responsible for adequate after-care and reference to Special Schools if necessary.

The Mass Miniature Radiography Unit now makes monthly visits to Wigan and in the Autumn the opportunity was taken to have all recently appointed School Meals staff X-rayed. Teachers already in post are subject to routine screening every three years, and it should now be possible to extend this preventive measure to other school staff.

This work could prove a heavy burden to the Hospital X-ray facilities, which are already fully committed. There is no doubt of the necessity to retain the Mobile X-Ray Units in the area at present.

B.C.G. Vaccination.—All child contacts of known tuberculous cases are referred to the Consultant Chest Physician for skin testing. B.C.G. vaccination is offered to those cases where it is considered that its administration would be of value.

Routine B.C.G. vaccination was offered to all thirteen year old children and the acceptance rate was 90% compared with 95% for the previous year.

Routine Protection of School Children :

No. in 13 year age group	1286
No. for whom consent was obtained	1159
Percentage of acceptances	90%
No. of Skin Tests Negative	982
No. of Skin Tests Positive	65
Percentage Positive	6·2%
No. Vaccinated	982
No. who had Chest X-ray	65
No. where X-ray showed active tuberculosis	—
No. where X-ray showed lung abnormality requiring further observation	2

The figure for the positive skin tests gives an indication of the extent to which children are being brought into contact with the tubercle bacillus. The figure of 6·2% compares favourably with that in other urban industrial areas and is a considerable improvement on the finding of 1960 which was 18·2%. This index reflects in dramatic fashion the much reduced incidence of infectious cases of human tuberculosis in the community in recent years.

CHILD GUIDANCE SERVICE

I am indebted to Dr. M. P. Jonas for the following report :

"I have pleasure in submitting my report on the work of the Child Guidance Clinic. There has been some increase in the number of referrals during the past twelve months and the number of children attending the Clinic has almost doubled. I myself have attended 44 sessions and have been ably assisted by Dr. A. H. Abdou, Medical Officer in Department, who has a special interest in Child Psychiatry, and has been assisting me since June, 1971. The team has been completed by Mr. J. H. Valentine, Educational Psychologist. We are still without the services of a Psychiatric Social Worker, and this is a serious handicap to the work of the Clinic, as many of these families have serious social and marital difficulties. An experienced Psychiatric Social Worker would be able to help with a great many of these cases, allowing medical and psychological staff to work with the children more directly within their own specialities.

There has been further improvement in the facilities for special education in Wigan over the past twelve months, not only an Observation Unit, but also a Day Class for maladjusted children under the age of ten years has opened at the Pemberton Primary School. There is also a Maladjusted Day School promised in this area in 1973. There is still a lack of facilities for older maladjusted children who have formed a bulk of the school refusers and also for hostels to accommodate older maladjusted children who can then attend a normal school.

During the year, three children have attended the Lady Tong Clinic at Bolton, one as an in-patient, the other two as day patients. The unit has now been enlarged and can take a total of 11 patients on a Residential basis so that a better service can be offered for the more severely maladjusted child.

There has been close liaison throughout the year with the Health and Social Services Departments and the Education Authority, and I would like to thank all those who have been helpful and co-operative in working with the children who attend this Clinic."

Details of Borough cases are given below :—

Cases on waiting list at end of 1970	9
Cases referred during 1971	44
New cases seen during 1971	37
Cases withdrawn during 1971	2
Cases on waiting list at end of 1971	14

Summary of Cases :

Source of referral :

School Medical Officer	43
General Practitioner	2
Consultant Paediatrician	7
Consultant Surgeon	1

Type of referral :

Behaviour disorder	19
Anxiety state	2
Learning problems	1
Behaviour Disorder and Educationally Subnormal	1
Epileptic and behaviour disorder	1
Brain Damage	5
Severely Subnormal	1
Autism	1
Behaviour Disorder and Learning Difficulties	2
School Refusals	4

Cases seen during 1971 :

Recommendations :

Treatment at clinic	10
Placement at residential school	3
Review at clinic	19
Child Psychiatric Unit In-patient	1
Placement at Observation Class	4
Day School at Lady Tong Clinic	2

Clinic Attendances :

Children	194
Parents	188
Others	19

Speech Therapy.—Although there is a national shortage of Speech Therapists, we have been fortunate in making an appointment. Prior to the appointment, the Consultant Paediatrician usually had available the services of a Speech Therapist employed by the Hospital Management Committee and urgent cases could be referred there.

The Speech Therapist commenced duties too late in the year under review to make an impression on the long waiting list of children requiring treatment, but an invaluable service will be provided for children with problems, which, although relatively minor, are the cause of much distress.

Treatment of Enuresis.—The loan service of electric alarm machines for use in the treatment of enuresis continued. This service is operated by the Health Department in collaboration with the School Medical Officers and Dr. R. M. Forrester, the Paediatrician at Wigan Infirmary. Electric alarm machines were used by 7 children in 1971.

Chiropody.—A chiropodist working on a sessional basis with assistance from a specially trained school nurse operates from the School Clinic. During 1971, 45 sessions were undertaken at which 219 patients received 792 treatments. Of those 219 patients, 198 suffered from verrucae pedis, and the remainder involved general conditions.

Verrucae pedis are a perennial problem in school children and being of an infectious nature, the condition is easily disseminated within the school population where members must in the course of their physical education often go barefooted. The condition has been noticed more often since the opening of the new Swimming Baths, perhaps a small price to pay for the advantage conferred by such a magnificent amenity.

The number of cases of verrucae treated by the chiropodist and school Nurse gives some indication of the incidence of the condition in Wigan.

Children are, of course, treated by their family doctor and by private chiropodists and consequently exact numbers are unobtainable.

Preventive action is taken in that children going in organised parties to the baths are given foot inspections by the staff there to prevent the barefooted case spreading the infection to his school fellows.

The results achieved from this measure must necessarily be limited as so many children and adolescents who may be carrying the virus are not subject to inspection and indeed it would be an infringement of public liberty to impose such action.

HOSPITAL & SPECIALIST SERVICES

No material changes to hospital and specialist services available for school children have been brought to my notice since the last report.

INFECTIOUS DISEASES

During the year no case of diphtheria or poliomyelitis was notified in school children. The following cases of infectious diseases were notified during 1971 :

Scarlet Fever	6
Measles	52
Whooping Cough	1
Infective Jaundice	8

Diphtheria Immunisation.—We have now had 23 years of freedom from diphtheria amongst school children, but this has been at the price of constant vigilance. No effort was spared by the staff of the department to encourage parents to allow their children to be immunised and so perpetuate this satisfactory state of affairs. Head Teachers and class teachers co-operated extremely well in advising parents to have their children protected.

Arrangements have been made for immunisation sessions to be undertaken in schools as well as at clinic premises to minimise the amount of class-room time lost.

Parents of children who receive Primary Inoculation against Diphtheria are now encouraged to accept Diphtheria Tetanus combined vaccine. When a child has previously received active anti-tetanus immunisation the combined vaccine is used for booster injections and names of the pupils so protected are sent to the Casualty Department of the Infirmary, so that, in case of injury involving a risk of Tetanus, the child may receive a reinforcing dose of Tetanus Toxoid rather than the less desirable passive immunity afforded by Anti-tetanus Toxin.

No. of children who completed Primary Diphtheria-Tetanus Inoculation	355
No. of children who received Booster Diphtheria or Diphtheria Tetanus Inoculation	2100

Vaccination against Poliomyelitis.—Every opportunity was taken to increase the already high proportion of pupils immunised with Sabin (Oral) Vaccine.

No. of children who completed a primary course	500
No. of children who received a re-inforcing dose	2051

Vaccination against Measles.— Measles vaccine was available throughout the year and parents of those primary schoolchildren who, during routine medical inspections, were found to have had neither the disease nor the vaccine, were encouraged to take them to a clinic for this purpose.

Vaccination against Rubella (German Measles).—Under the provisions of the scheme recommended in July, 1970, by the Department of Health and Social Security for the protection of girls against Rubella (German Measles), which is acknowledged as a major threat to women of child-bearing age because of its consequences in pregnancy, 1,079 girls were vaccinated.

HANDICAPPED PUPILS

It is unusual for a School Medical Officer first to become aware of a child's disability at the time of the medical inspection at school entry. A close liaison exists between the School Health Service and the Child Health Service, which ensures that children are guided early into the educational channels from which they are most likely to benefit.

In an attempt to co-ordinate the efforts of all staff concerned with the education of handicapped pupils, an advisory committee, which meets at monthly intervals, has been created. The committee membership comprises medical, educational and social work staff who examine individual cases at each meeting with a view to agreeing upon beneficial school placement.

Handicapped children ascertained during 1971 :

(a) Blind	1
(b) Partially sighted	—
(c) Deaf	—
(d) Partially hearing	3
(e) Physically handicapped	11
(f) Delicate	1
(g) Maladjusted	3
(h) Educationally Sub-normal	25
(i) Epileptic	1
(j) Pupils with speech defects	—
(k) Remedial teaching	7
(l) Home tuition	2
	54

During the year (to 1.4.71) one child was reported to the local Health Authority in accordance with Section 57(4) of the Education Act as being considered unsuitable for education at school because of a disability of mind. This section of the 1944 Act was removed from the Statute book on 1.4.71. In future, children will not be excluded from school because of mental retardation.

Handicapped Children Attending Special Schools

	Number admitted in 1971	Number Attending
(a) Blind Pupils		
St. Vincent's School for Blind, Liverpool	–	1
Royal School for Blind, Liverpool	–	1
(b) Partially Sighted		
Exhall Grange School, Coventry	–	1
Derby School, Preston	–	1
(c) Deaf Pupils		
Royal School for Deaf, Manchester	–	2
Royal Cross School, Preston	1	1
(d) Partially Hearing Pupils		
Alice Elliot School for Deaf, Liverpool	–	1
Thomasson Memorial School, Bolton	–	2
School for Partially Hearing, Birkdale	1	6
(e) Physically Handicapped Pupils		
Mere Oaks, Standish	3	23
(f) Delicate Pupils		
Children's Convalescent Home and School, W.Kirby	–	3
Fairfield House School, Broadstairs	3	3

(g) Maladjusted Pupils		
Knowl View, Rochdale	–	2
Lower Lee, Liverpool	1	1
Burtholme Hostel, Worthington (Boarding Home)	1	1
Lendrick Muir, Rumbling Bridge, Kinross	1	1
(h) Educationally Subnormal Pupils		
Montrose Day School	14	107
Hope School (Day) from 1/4/71	5	48
Stokelake House School, Chudleigh	–	1
Meldreth Manor, Royston	1	1
Landgate Day Special School	–	1
North Cliff Day Special School	–	1
Crowthorn School, Bolton	1	1
(i) Speech Defect		
Moor House School, Oxted	–	1
Ewing School, West Didsbury	–	1
(j) Epileptic Pupils		
Soss Moss School, Nether Alderley	–	1

On April 1st, 1971, the provision of the Education Act, 1970, relating to the education of severely retarded children was implemented. This had the effect of transferring the executive administration's responsibility for the Junior training centre from the Local Health Authority to the Education Authority. That the name Hope School will remain unchanged is seen as a tribute to the splendid work that has been accomplished in the Centre during the past 17 years, and the high regard in which the unit was held by the parents of the pupils. As the Medical Staff of the Local Health Authority and the Education Authority are the same personnel, the transfer of responsibility should cause no difficulty to the School Health Service.

EDUCATION ACT, 1944, SECTION 56

During the year, 4 children received home teaching and 73 tuition in hospitals.

Tuition for children ill at home or in hospital is provided for long-term cases. Such children, when deprived of their schooling, become very backward and the difficulty they find in trying to pick up the threads of their education on returning to school causes great discouragement. A child may have up to ten hours' home teaching a week, and in hospital the time may extend to half the normal school day. In the former cases, with limited time, emphasis is placed on the basic subjects, whilst in the latter a considerable amount of handwork may be undertaken. Instruction by a qualified teacher, carefully graded in amount and type according to the individual patients' abilities and physical state, helps the sick child to keep up with his more fortunate companions at school and provides some pleasant occupation for his mind, a by no means unimportant consideration with the bedridden child. Suitably qualified teachers who will undertake domiciliary work are not easy to find.

WORK OF THE SCHOOL NURSES

	1970	1971
Number of follow-up visits paid to cases at home	478	465
Number of first visits paid to schools in connection with general cleanliness	79	80
Number of children inspected for general cleanliness	11,428	12,208
Number of visits paid to schools for re-inspection of general cleanliness	375	368
Number of re-inspections for general cleanliness	35,874	36,606
Number of visits to schools for Infectious Diseases	1	1
Number of children inspected for Infectious Diseases	200	110
Number of visits paid to schools for other purposes	69	81
Number of visits paid to homes for Infectious Diseases	57	5
Number of visits paid to schools for medical inspection	349	318
Number of visits paid to schools for Inoculations	176	189
Number of Inoculation Sessions at School Clinic	32	10
Number of visits paid to schools for Vision Testing	78	112
Number of visits paid to schools for Foot Inspection	20	26
Number of Chiropody Sessions at School Clinic	115	152
Number of children treated for Verrucae	224	181

CO-OPERATION OF PARENTS

The number of parents present at Medical Inspection varied considerably in the different schools. The total number present was 2,321 and the number of children medically inspected was 3,856; the average attendance of parents was 60·19 per cent.

It is important that parents should accompany their children at medical examination, particularly at school entrance. The staff encourage this.

CO-OPERATION OF TEACHERS

The teachers in the schools of Wigan are usually very helpful to the School Medical Officers. They provide them with the best accommodation possible, although in many schools this is very inadequate, report any abnormality they have noticed in the children, and submit special cases for inspection. Prompt and complete information regarding infectious diseases is most valuable to facilitate the control, or even prevention, of epedemics.

CHILDREN'S DEPARTMENT

A friendly liaison has existed between the Children's Department and the School Health Service, and the following examinations were carried out on the school children in the care of the Children's Department :

Preliminary Examinations prior to admission into care	10
Annual Home Office Medical Inspections	120

The Children's Department, as such, disappeared on the 13th December, 1971, when the Director of Social Services assumed executive control of the newly created Social Services Department, but this type of examination, of necessity, will still continue.

PROVISION OF MEALS

The total number of meals produced for the year ending 31st December, 1971, was 1,591,434, compared with 1,758,916 the previous year. A sharp decrease in demand was noted from April onwards following the increase in the price of meals, and children brought their own food to school. The number of children eligible for free meals on the last school day in 1971 was 2,321. New kitchens were opened at St. Catherine's C.E. Infants' School and Marus Bridge Primary School during the Spring term.

The number of one-third pint bottles of milk provided to children between the age of 5 and 7 years during the Autumn term was 277,524, compared with 647,802 provided during the previous Autumn term to children between the ages of 5 and 10. The fall in numbers was as a direct result of the change in Government policy towards the issue of milk to school children.

It is still possible for any school child to receive free milk at school if this would be beneficial to the child's general health. During the year, six children were medically examined at the request of teaching staff and in each case a recommendation was made that free milk be provided.

PHYSICAL EDUCATION

In the same way that failure to progress in the classroom alerts the school doctor to enquire whether there is any remediable medical condition contributing to the child's poor response, so when a child's physical performance is subnormal the attention of the school doctor should be focussed to ensure that there is no pathological condition, physical or emotional, requiring treatment. Thus, school medical and nursing staff must maintain effective contact with teachers of physical education and particularly with those who have not been specially trained for this work. Clearly there is scope for a rapprochement between the two professions at this point.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

During 1971 there was a slight deterioration in the already precarious staffing position. In spite of continuous efforts, we were unable to recruit new Dental Officers, and on 10th March, Mr. Moorhead reduced his part-time attendance from 6 sessions to 1 session per week. This loss was only partly offset on 17th August when Mrs. Cook was able to increase her attendance from 2 sessions to 3 sessions per week. This meant that for 42 weeks of the year we had a full time staff equivalent of approximately 1·35 Dental Officers. When one considers that the ideal establishment should be no less than four full time Dental Officers, it becomes immediately apparent how difficult it is to organise a fully comprehensive service under the present circumstances.

Due to this reduction in staff it became necessary to reduce still further the number of sessions worked at the Pemberton Dental Clinic, and during

the greater part of 1971, this clinic was open only on Monday mornings, and Tuesday, Thursday and Friday afternoons. The deployment of the part timers was arranged in such a way that one officer would be working at the Central Dental Clinic every Tuesday afternoon, thus enabling us to administer general anaesthetics to our 'emergency cases' once weekly. Since we have a consultant anaesthetist coming once fornightly, this meant that we could at least provide general anaesthetics once weekly and thereby maintain at least a reasonable 'emergency service'.

During the course of the year, 4,446 school children were subjected to a routine dental inspection on school premises, and a total of 1,214 children attended the clinics as casuals for special inspection or for periodic recalls. Out of the 5,660 school children who were thus inspected at some time or another during the year, 4,151 were found to be in need of treatment. This is 73·3% of all children inspected and represents an increase in the need of treatment to the order of 5·4%. The work load is now so high that unless more Dental Surgeons can be persuaded to join the School Dental Service, routine school inspections can only be carried out once every three years. This time interval is over six times that which is considered to be an ideal interval between each dental inspection, but I can see little value in increasing the frequency of inspections without being able to offer treatment, to those that accept, within a reasonable time.

Since it seems unlikely that there will be a significant improvement in the availability of Dental Surgeons seeking employment within the School Dental Service — particularly in this part of industrial South West Lancashire — our biggest aim must be to try to stem the tide of forever increasing dental decay. It is an undisputed fact that where fluoride is added to the drinking water, dental decay is reduced by up to one half. Fluoride has now been added to the public water supply in many parts of the world for very many years, and it is considered to be absolutely safe and harmless when the level does not exceed 1·0 part per million — usually referred to as the optimum level. I therefore think that the only way we can hope to stem, and indeed reduce, the incidence of dental decay is by the fluoridation of the public water supply and I hope that this can be achieved in our area in the near future.

During the year under review, a total of 1,673 children attended the clinic for dental treatment in one form or another, and 3,977 visits were recorded for registerable treatment. In addition, 334 visits were made for various forms of unregisterable treatment, e.g. polishing of fillings, root dressings, dressings in teeth, x-ray photographs, impressions for dentures and orthodontic appliances, etc., and 891 visits were made by children who for various reasons either could not be treated at that time or would not subject themselves to treatment at all. Of the children that attended the clinics for dental treatment, 1,540 were made dentally fit, although due to our chronic staff shortage, it was impossible to maintain this dental fitness since the time interval between each school inspection was far too long. However, a selective recall system was in operation to ensure that cases which were at high risk or for other reasons warranted special attention were not neglected or overlooked. A total of 1,199 appointments were wasted due to the child-

ren failing to attend the clinics at the appointed time without giving prior notification of cancellation. There appears to be no slackening off in the demand for orthodontic treatment; and the waiting list remains fairly constant, viz. 2-3 months. At the end of 1970, we had 104 children who were in the process of receiving orthodontic treatment, and these were therefore carried forward to the present year. During 1971, a total of 44 new cases were undertaken for treatment and 38 cases were completed with successful results. In the course of the year, it was found necessary to discontinue the orthodontic treatment for 10 children as it became very clear that a successful result could never be achieved due to lack of interest and co-operation. In all, 4 fixed and 51 removable appliances were supplied and fitted.

General Anaesthesia was administered on 436 occasions, 127 of these by a Dental Officer during routine treatment sessions. Other forms of treatment included 45 operations comprising various forms of prophylactic treatment, fraenectomy, dressings for the relief of pain, pulp cappings and treatment of oral ulceration. In addition, 145 patients had a radiological examination performed either for diagnostic purposes with special reference to orthodontic treatment, or for aid during root canal therapy. It was gratifying to see that the number of patients who were supplied with partial dentures for the first time had fallen by one-third to a total of 6 (4 of whom were below the age of 14), but it is difficult to say whether this is coincidental or may be connected with our efforts in Dental Health Education.

As an external help in our Dental Health Education Programme this year we managed to secure the help of Mr. Pierre Picton — otherwise known as Pierre the Clown. Mr. Picton is sponsored by the General Dental Council which pays him for the services he renders, and thus this part of our programme did not incur any extra cost to the Corporation. Pierre the Clown spent a full week in Wigan and during his stay here he visited 41 infant and junior schools. In all schools a short 'clowning act' with emphasis on dental health and hygiene was staged for the benefit of the children, and judging by the enthusiasm shown by the audiences — teachers included — it was deemed to be a great success. As part of our effort to get the children of school age established into a good oral hygiene routine, the dental hygiene kit produced by Colgate-Palmolive Ltd. was again purchased by the Council and distributed to every child that started school in January and August. In August we were fortunate to receive from Gibbs Oral Hygiene Service a free consignment of Signal 2 Fluoride toothpaste which we distributed to the children of our junior schools. It is hoped that as all pupils of our primary schools should now have 'tasted a clean mouth', they will have been encouraged to maintain this 'clean feeling' by regularly cleaning of their teeth and gums.

During the year, all members of the dental team have been greatly encouraged in their work by the keen interest shown by all Headteachers and members of the teaching profession. I also wish to express my sincere thanks to all Departmental Medical Officers, Health Visitors and School Nurses, who have all taken an active role in this important aspect of preventive dentistry, and rendered invaluable help and assistance to expectant and nursing mothers and to parents of pre-school children.

STATISTICAL TABLES
TABLE I

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools during 1971

A. PERIODIC MEDICAL INSPECTIONS

Year of Birth	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
1967 and later	94	94	—
1966	891	891	—
1965	450	450	—
1964	68	68	—
1963	31	31	—
1962	32	32	—
1961	359	359	—
1960	484	484	—
1959	96	96	—
1958	239	239	—
1957	611	611	—
1956 and earlier	501	501	—
Total	3856	3856	—

The physical condition of 100% of pupils inspected was satisfactory.

Year of Birth	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
	For defective vision (excluding squint)	For any other condition recorded in Table II	Total individual pupils
1967 and later	3	18	16
1966	52	233	271
1965	28	135	148
1964	10	14	21
1963	5	7	11
1962	4	10	12
1961	49	98	131
1960	40	113	142
1959	14	29	38
1958	20	29	46
1957	51	82	130
1956 and earlier	59	77	132
Total	335	845	1098

B. OTHER INSPECTIONS

Number of Special Inspections	183
Number of Re-Inspections	1989
Total	2172

TABLE II

Defects Found by Medical Inspection during the year

A. PERIODIC INSPECTIONS

Defect or Disease	Entrants *T	Entrants †O	Leavers *T	Leavers †O	Others *T	Others †O	Totals *T	Totals †O
Skin	33	13	28	4	48	13	109	30
Eyes								
(a) Vision	83	329	110	142	142	103	335	574
(b) Squint	71	7	7	5	17	2	95	14
(c) Other	4	2	1	7	11	13	16	22
Ears								
(a) Hearing	46	103	4	6	8	14	58	123
(b) Otitis Media	18	22	6	3	12	3	36	28
(c) Other	9	3	3	1	2	2	14	6
Nose and Throat	55	110	15	6	50	36	120	152
Speech	7	27	1	1	9	6	17	34
Lymphatic Glands	2	62	—	2	1	24	3	88
Heart	6	13	8	2	6	8	20	23
Lungs	22	23	9	1	22	6	53	30
Developmental								
(a) Hernia	9	6	—	—	2	1	11	7
(b) Other	5	14	—	4	13	17	18	35
Orthopaedic								
(a) Posture	1	1	4	2	4	3	9	6
(b) Feet	46	32	16	9	28	9	90	50
(c) Other	27	17	10	3	22	18	59	38
Nervous System								
(a) Epilepsy	—	1	2	2	2	—	4	3
(b) Other	1	4	4	2	3	8	8	14
Psychological								
(a) Development	9	10	3	3	12	9	24	22
(b) Stability	3	9	5	—	5	9	13	18
Abdomen	3	6	7	—	15	3	25	9
Other	10	7	26	8	9	10	45	25
Total	470	821	269	213	443	317	1182	1351

* Defects requiring treatment (T).

† Defects to be kept under observation (O).

B. SPECIAL INSPECTIONS

Defect or Disease	Pupils requiring	
	Treatment	Observation
Skin	1	—
Eyes		
(a) Vision	7	3
(b) Squint	1	1
(c) Other	—	—
Ears		
(a) Hearing	4	—
(b) Otitis Media	—	—
(c) Other	—	—
Nose and Throat	2	—
Speech	6	3
Lymphatic Glands	—	—
Heart	—	—
Lungs	1	1
Developmental		
(a) Hernia	—	—
(b) Other	1	—
Orthopaedic		
(a) Posture	—	—
(b) Feet	1	—
(c) Other	3	—
Nervous System		
(a) Epilepsy	—	—
(b) Other	—	—
Psychological		
(a) Development	8	1
(b) Stability	6	—
Abdomen	1	1
Other	4	—
Totals	46	10

TABLE III

Treatment of Pupils attending maintained Primary and Secondary Schools

A. EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors or refraction and squint	15
Errors of refraction (including squint)	530
Total	545

Analysis of Cases in which Spectacles were prescribed

Simple Hypermetropia	47
Simple Myopia	24
Hypermetropia Astigmatism	184
Myopic Astigmatism	28
Mixed Astigmatism	12
Total	295

B. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received Operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	59
(c) for other nose and throat conditions	—
Received other forms of treatment	19
Total	78
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1971	4
(b) in previous years	14

C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	242
(b) Pupils treated at school for postural defects	—
Total	242

Attendances at the Orthopaedic Clinic

	Wigan	Hindley	Ince	Standish	Orrell	Ashton	Total
No. of children of school age attending	242	8	35	76	33	32	426
No. of attendances of children of school age	710	33	76	196	89	94	1198

D. DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table V)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	1
Scabies	17
Impetigo	33
Other skin disease	368
Total	419

E. CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	37

F. SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists	—

G. OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	464
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	982
(d) Chiropody	219
(e) Treated for Verrucae by School Nurse—Special Clinic	181
Total	1846

TABLE IV

Minor Ailment Clinics

Classification of Consultations and Treatment

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Uncleanliness	101	—	1041
Ringworm	1	—	10
Scabies	17	—	76
Impetigo	33	—	153
Other Skin Diseases	368	2	1216
Blepharitis	—	—	—
Conjunctivitis	2	—	2
Defective Vision	—	—	—
Squint	—	—	—
Other Eye Conditions	13	1	17
Defective Hearing	—	—	—
Otitis Media	2	—	6
Minor Ear Diseases	13	1	14
Nose and Throat Conditions	4	—	4
Infectious Diseases	2	—	3
Deformities	4	—	4
Injuries to Bones and Joints	2	2	2
Other Defects and Diseases	2	—	3
Miscellaneous	454	13	1035
Total	1018	19	3586

TABLE V

Uncleanliness and Verminous Conditions

Average number of visits per school made during the year by the School Nurses	12
Total number of examinations of children in the Schools by School Nurses	48,814
Number of individual children found unclean at first inspection	564
Number of individual children found unclean at final inspection	340
Number of children cleansed under arrangements made by the Local Education Authority	—
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE VI

Dental Inspection and Treatment

Attendances and Treatment	Ages 5 - 9	10 - 14	15 +	Total
First Visit	926	668	79	1673
Subsequent visits	1144	1058	102	2304
Total visits	2070	1726	181	3977
Additional courses of treatment commenced	93	89	9	191
Fillings in permanent teeth	505	1424	235	2164
Fillings in deciduous teeth	1416	47	—	1463
Permanent teeth filled	451	1328	213	1992
Deciduous teeth filled	1337	45	—	1382
Permanent teeth extracted	222	320	26	568
Deciduous teeth extracted	941	303	—	1244
General anaesthetics	298	132	6	436
Emergencies	208	77	5	290

Number of pupils X-rayed	145
Prophylaxis	35
Teeth otherwise conserved	11
Number of teeth root filled	6
Inlays	—
Crowns	10
Courses of treatment completed	1540

Orthodontics

Cases remaining from previous year	104
New cases commenced during year	44
Cases completed during year	38
Cases discontinued during year	10
Number of removable appliances fitted	51
Number of fixed appliances fitted	4
Pupils referred to Hospital Consultant	—

Prosthetics	Ages 5 - 9	10 - 14	15 +	Total
Pupils supplied with F.U. or F.L. dentures (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	—	4	2	6
Number of dentures supplied	—	4	3	7

Anaesthetics

General anaesthetics administered by Dental Officers	127

Inspections

(a) First inspection at school. Number of pupils	4446
(b) First inspection at clinic. Number of pupils	642
Number of (a) + (b) found to require treatment	3746
Number of (a) + (b) offered treatment	2013
(c) Pupils re-inspected at school or clinic	572
Number of (c) found to require treatment	405

Sessions

Sessions devoted to treatment	610
Sessions devoted to inspection	26
Sessions devoted to Dental Health Education	2

Appendix 'A' **Incubation and Exclusion Periods of the Commoner Infectious Diseases**

	Usual Incubation Period (days)	Interval between onset and appearance of rash (days)	Period of Exclusion	
			Patients	Contacts, i.e. the other members of the family or household living together as a family, that is, in one tenement
SCARLET FEVER (and streptococcal sore throat)	2 - 5	1 - 2	7 days after discharge from hospital or from home isolation (Unless 'cold in the head', discharge from the nose or ear, sore throat, or septic spots be present)	Children - no exclusion but all pupils who have had Rheumatic Fever or Nephritis should stay off school during an epedemic. Persons engaged in the preparation or service of school meals to be excluded until the Medical Officer of Health certifies that they may resume work.
DIPHTHERIA	2 - 5	—	Until pronounced by a medical practioner to be fit and free from infection	At least 7 days. Return to school should not be permitted until bacteriological examination has proved negative
MEASLES	10 - 15	3 - 4	7 days after the appearance of the rash if the child appears well	None ordinarily but any contact suffering from a cough, cold, chill or red eyes should be immediately excluded unless he is known with certainty to have had the disease or been immunised against it. During an epedemic children under five years should not be admitted to Nursery School, Nursery Class or Infant School unless they have had the disease or been immunised against it.
GERMAN MEASLES (RUBELLA)	14 - 21	0 - 2	4 days from the appearance of the rash but not before feeling well	None Female teachers who have not had Rubella should be aware of the special danger associated with contracting the disease during the early months of pregnancy. During this period temporary transfer to another school is recommended
WHOOPING COUGH	7 - 10	—	21 days from the beginning of the characteristic cough	None. During an epedemic children under five years should not be admitted to Nursery School, Nursery Class or Infant School unless they have had the disease or been immunised against it

DYSENTRY AND FOOD POISONING	1 - 7	—	Until symptom-free	None
MUMPS	12 - 26	—	One day from the subsidence of all swelling	None
CHICKEN POX	11 - 21	0 - 2	6 days from the appearance of the rash	None
SMALLPOX	7 - 16	3	Until the patient is pronounced by the Medical Officer of Health to be free from infection	16 days and until declared free from infection by the Medical Officer of Health
POLIOMYELITIS	3 - 21	—	Until clinical recovery	21 days
ACUTE MENINGITIS	2 - 10	—	Until clinical recovery and prounced bacteriologically clear	None
TYPHOID OR ENTERIC FEVER	7 - 21	—	Until the patient is pronounced by the Medical Officer of Health to be free from infection	Until pronounced bacteriologically clear
INFECTIVE JAUNDICE	15 - 50	—	7 days after appearance of jaundice and not before clinical recovery	None
			(Many cases are mild with few symptoms. The incubation period is usually 25 days. Difficult to control, its greatest communicability is from a few days before to a few days after the onset. Particular attention to personal hygiene is necessary, with disinfection of toilets. Cases should be excluded from school until subsidence of symptoms, but for symptomless contacts no exclusion is necessary. Common prudence would demand that contacts and convalescent cases should not handle the food of others)	
PULMONARY TUBERCULOSIS	28 - 42	—	Until pronounced non-infective	Contacts have to be medically investigated but are excluded during this period
IMPETIGO			Until spots have healed, unless lesions can be covered	None
PEDICULOSIS			Until treatment received	None
PLANTAR WARTS (Verrucae)			Exclusion from barefoot activities until adequate treatment instituted	None
ATHLETE'S FOOT			Exclusion from barefoot activities until adequate treatment instituted	None
RINGWORM of SCALP and BODY			Until adequate treatment instituted, provided lesions are covered	None
SCABIES			Until adequate treatment instituted	None

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